



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DR PETER E GRAYS
1909 CENTRAL DRIVE STE 202
BEDFORD TX 76021

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-11-0823-01

Carrier's Austin Representative Box

Box Number 54

MFDR Date Received

NOVEMBER 1, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "[Injured employee} present to me with severe abdominal pain at the incision site of his ventral hernia repair that was done in September 2008 due to an [sic] work related injured on 01/29/2008. After full extensive examination of [injured employee's] wound/abdominal incision on 07/28/2010, I was able to palpate a suture granuloma. The suture granuloma entails breaking of the suture or stitch, which is holding his previous mesh placement to his anterior abdominal wall intact from the hernia repair in 2008. I believe that under rule 133.2 that this is an Emergency due to that fact that if this surgery was done that the prolene suture that was becoming loose and unintact from the mesh placed previously that it resulted in severe pain and would have placed the patient's health and bodily functions in serious jeopardy." "Once surgery was determined to be undergone on 07/30/2010, my office took the proper protocol of going ahead and sending in a preauthorization request for review in timely fashion..." "The authorization was received by your company on 07/29/2010 and on 08/02/2010 a Nurse called my office and was wanting to know the date the surgery was performed once the Nurse found out the procedure had already been performed on 07/30/2010, she stated that she was going to have to withdraw the pre-authorization request because she was unable to retro-authorize the surgery."

Amount in Dispute: \$1,937.21

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier did not submit a response to the request for medical fee dispute resolution.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 30, 2010	CPT Codes 22900 and 11005	\$1,937.21	\$1,937.21

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §133.2 sets out the definitions for Workers' Compensation.
3. 28 Texas Administrative Code §134.600 sets out the procedures for obtaining preauthorization.
4. 28 Texas Administrative Code §134.302 sets out reimbursement for reimbursement of professional services.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - W1 – Workers Compensation state fee schedule adjustment.
 - W4 – No additional reimbursement allowed after review of appeal/reconsideration.
 - 197 – Precertification/authorization/notification absent.
 - 891 – No additional payment after reconsideration.
 - 899 – Documentation and file review does not support an emergency in accordance with Rule 133.2
 - 930 – Pre-authorization required, reimbursement denied.
 - 878 – Appeal (request for reconsideration) previously processed. Refer to Rule 133.250(H).

Issues

1. Do the services require preauthorization?
2. Is the requestor entitled to reimbursement?

Findings

1. According to 28 Texas Administrative Code §134.600(c) The carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur: (A) an emergency, as defined in Chapter 133 of this title (relating to General Medical Provisions). 28 Texas Administrative Code §133.2(3) (A) a medical emergency is the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the patient's health or bodily functions in serious jeopardy, or (ii) serious dysfunction of any body organ or part. According to the requestor the injured worker "...present to me with severe abdominal pain at the incision site of his ventral hernia repair that was done in September 2008 due to an work related injury on 01/29/2008. After full extensive examination... I was able to palpate a suture granuloma. The suture granuloma entails breaking of the suture or stitch, which is holding his previous mesh placement to his anterior abdominal wall intact from the hernia repair in 2008. Over time since the surgery this has begun to tear and protrude out, this has caused the patient pain, swelling, and drainage in the patient's abdominal wall incision..." Therefore, the requestor has supported reimbursement is due.
2. 28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare." The requestor has billed two surgical codes which are subject to the multiple procedure ruling by Medicare and is defined as: When the same physician performs more than one surgical service at the same session, the allowed amount is 100% for the surgical code with the highest MPFS amount. The allowed amount for the subsequent surgical codes is based on 50% of the MPFS amount.

28 Texas Administrative Code 134.203(b)(1) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Per 28 Texas Administrative Code §134.203 (c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year." The 2010 DWC Conversion Factor is \$68.19 for professional services for surgeries performed at a facility or ASC by a physician and the MAR determination is as follows:

- CPT Code 11005 $(68.19 \div 26.9729) \times \$744.62 = \$1,965.60$
- CPT Code 22900 $(68.19 \div 26.9729) \times \$499.06 = \$1,266.37 \div 50\%$ (multiple procedure reduction) = \$633.19.

The requestor is seeking \$1,937.21; therefore, the amount ordered is \$1,937.21

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$1,937.21.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$1,937.21 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

<hr style="border: none; border-top: 1px solid black;"/> Signature	<hr style="border: none; border-top: 1px solid black;"/> Medical Fee Dispute Resolution Officer	<hr style="border: none; border-top: 1px solid black;"/> October 30, 2013 Date
--	---	---

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.